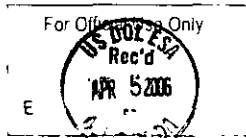


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 25236	2 Fiscal Year Covered From 1/1/05 Through 12/31/05
3 Name and address of person filing Name Dennis O'Donnell P.O. Box, Bldg. Room No., if any Street 133 Providence St City Millville State MA ZIP Code + 4 01529-1701	4 Name, file number, and address of labor organization Name Carpenters Local 535 Labor Organization File Number 006255 P.O. Box, Building and Room Number, if any Street 21 Mazzaro Dr. City Randolph State MA ZIP Code + 4 02368
5 Position in labor organization Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests except as specified in the exclusions set forth in the instructions:

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg. Room No., if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount
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Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information furnished in this report, including the information contained in any accompanying documents, has been furnished by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Dennis O'Donnell

On

3/27/06
Date

774-573-3122
Telephone Number

Name of Person Filing

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

South east, ma. APPRENTICESHIP
Name + Training

Trade Name, if any CARPENTERS

P O Box, Bldg, Room No., if any SUITE 201

Street 21 MUZZEO DR

City RANDOLPH

State MA ZIP Code + 4 02368

9 Business deals with

☒ Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

RECEIVE CONTRIBUTIONS
THRU COLLECTIVE BARGAINING
FOR APPRENTICESHIP + TRAINING

11 b Approximate dollar value of such dealing 206,921.01

12 a Nature of interest held or income received

TRAIN CARPENTER
MEMBERS THRU OUT THE YEAR

12 b Amount \$ 755.78

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

State ZIP Code + 4

13 b Is the Business an Employer or Consultant ?

14 a Nature of payment

14 b Amount of payment